



FSA SOLUTION LIFE CYCLE (SLC)

Formal Signoff Document

Phase Name: **Vision**

Deliverable Name: Task Order (TO)

Responsible: _____
 (Project Manager Name)

(Project Manager Signature)

(Date)

(Executive Sponsor Name)

(Executive Sponsor Signature)

(Date)

(IPT Representative Name)

(IPT Representative Signature)

(Date)